

Personal Protective Equipment Issue

PERSONAL DETAILS - PLEASE COMPLETE IN FULL

First Name Albert Surname Amol Mayo Date 16-5-16
 Occupation Mechanical
 Employer F.C.O Id number 11543

CODIGOS	Description/ Descripcion	New Issue/ tema nuevo	Wear & Tear/ Degaste	Lost/ perdido	Size / tamano	Quantity / cantidad
	Overalls/Batas	☐	☐	☐		
	Mask/mascarilla	☐	☐	☐		
	Filters/filtros	☐	☐	☐		
	Safety Boots/botas de seguridad	☒	☐	☐	<u>43</u>	<u>1</u>
	Rubber Boots/botas de goma	☐	☐	☐		
	Hard Hat/Casco	☐	☐	☐		
	Safety Glasses clear/gafas de seguridad claras	☐	☐	☐		
	Safety Glasses Dark/gafas de seguridad oscuros	☐	☐	☐		
	Gloves/guantes	☐	☐	☐		
	Vest /chaleco	☐	☐	☐		
	Jacket/chaqueta	☐	☐	☐		
	Harness/ arnes	☐	☐	☐		
	Linea de vida	☐	☐	☐		
	Capotes	☐	☐	☐		
	Other	☐	☐	☐		
	<u>Orejera</u>	☐	☒	☐		<u>1</u>
		☐	☐	☐		

Approving Supervisor

Name WILFARDO ATENZA Date 5/6/16
 Signature [Signature] Position MECH 2 FOREMAN

Note: You are responsible for the safe keeping of this PPE equipment. PPE equipment that is lost will be replaced at your expense.
 Nota: Usted es responsable de la custodia de este equipo PPE. Equipos PPE que se pierda será reemplazado en su cargo

Received By

Name ALBERT MAYO Date 05-06-2016
 Signature [Signature] Position MILLWRIGHT

Personal Protective Equipment Issue

PERSONAL DETAILS – PLEASE COMPLETE IN FULL

First Name Roland **Surname** Josa **Date** 12/4/16
Occupation Foreman Welder
Employer FCD 10669

Description/ Descripción	New Issue/ tema nuevo	Wear & Tear/ Degaste	Lost/ perdido	Size / tamano	Quantity / cantidad
Overalls/Batas	☐	☐	☐		
Shirts/Camisas	☐	☐	☐		
Pants/Pantalones	☐	☐	☐		
Safety Boots/botas de seguridad	☒	☐	☐	43	01
Rubber Boots/botas de goma	☐	☐	☐		
Hard Hat/Casco	☐	☐	☐		
Safety Glasses clear/gafas de seguridad claras	☐	☐	☐		
Safety Glasses Dark/gafas de seguridad oscuros	☐	☐	☐		
Gloves/guantes	☐	☐	☐		
Vest /chaleco	☐	☐	☐		
Jacket/chaqueta	☐	☐	☐		
Other: <u>Tapones</u>	☐	☒	☐		2
<u>Arechabals</u>	☐	☐	☐		
	☐	☐	☐		

Approving Supervisor

Name José María **Date** 12/04/16
Signature [Signature] **Position** Superint. Struct.

Note: You are responsible for the safe keeping of this PPE equipment. PPE equipment that is lost will be replaced at your expense.

Nota: Usted es responsable de la custodia de este equipo PPE. Equipos PPE que se pierde será reemplazado en su cargo

Received By

Name [Signature] **Date** 9-5-16
Signature [Signature] **Position** Foreman

Personal Protective Equipment Issue

PERSONAL DETAILS - PLEASE COMPLETE IN FULL

First Name Felipe Surname Abego Date 03/05/2016
 Occupation ayudante
 Employer B092 FCD

Description/ Descripción	New Issue/ tema nuevo	Wear & Tear/ Degaste	Lost/ perdido	Size / tamano	Quantity / cantidad
Overalls/Batas	☐	☐	☐		
Shirts/Camisas	☐	☐	☐		
Pants/Pantalones	☐	☐	☐		
Safety Boots/botas de seguridad	☒	☒	☐	42	11
Rubber Boots/botas de goma	☐	☐	☐		
Hard Hat/Casco	☐	☐	☐		
Safety Glasses clear/gafas de seguridad claras	☐	☐	☐		
Safety Glasses Dark/gafas de seguridad oscuros	☐	☐	☐		
Gloves/guantes	☐	☐	☐		
Vest /chaleco	☐	☐	☐		
Jacket/chaqueta	☐	☐	☐		
Other: <u>T. auditivo</u>	☒	☐	☐		5
	☐	☐	☐		
	☐	☐	☐		

Approving Supervisor

Name Fernando Gutierrez Date 03/05/2016
 Signature [Signature] Position Head Control

Note: You are responsible for the safe keeping of this PPE equipment. PPE equipment that is lost will be replaced at your expense.

Nota: Usted es responsable de la custodia de este equipo PPE. Equipos PPE que se pierde será reemplazado en su cargo

Received By

Name Felipe Abego Date 03-5-16
 Signature [Signature] Position Ayudante

Personal Protective Equipment Issue

PERSONAL DETAILS - PLEASE COMPLETE IN FULL

First Name CELIO Surname ABREGO Date 4/5/14
 Occupation GENERAL
 Employer F.C.O Id number 4015

CODIGOS	Description/ Descripcion	New Issue/ tema nuevo	Wear & Tear/ Degaste	Lost/ perdido	Size / tamano	Quantity / cantidad
	Overalls/Batas	☐	☐	☐		
	Mask/mascarilla	☐	☐	☐		
	Filters/filtros	☐	☐	☐		
	Safety Boots/botas de seguridad	☐	☒	☐	48	#1
	Rubber Boots/botas de goma	☒	☐	☐	10	#1
	Hard Hat/Casco	☐	☐	☐		
	Safety Glasses clear/gafas de seguridad claras	☐	☐	☐		
	Safety Glasses Dark/gafas de seguridad oscuros	☐	☐	☐		
	Gloves/guantes	☐	☐	☐		
	Vest /chaleco	☐	☐	☐		
	Jacket/chaqueta	☐	☐	☐		
	Harness/ arnes	☐	☐	☐		
	Linea de vida	☐	☐	☐		
	Capotes	☐	☐	☐		
	Other	☐	☐	☐		
	Oregone	☐	☐	☒		1
		☐	☐	☐		

Approving Supervisor

Name Elisabeth Dignon Date 4/5/14
 Signature [Signature] Position Supervisor de MRO

Note: You are responsible for the safe keeping of this PPE equipment. PPE equipment that is lost will be replaced at your expense.

Nota: Usted es responsable de la custodia de este equipo PPE. Equipos PPE que se pierde será reemplazado en su cargo

Received By

Name Celio Abrego Date 4/5/14
 Signature [Signature] Position A Gen.

Personal Protective Equipment Issue

PERSONAL DETAILS - PLEASE COMPLETE IN FULL

First Name Rany Surname CABURNAY Date 5-9-16
 Occupation ELECTRICAL
 Employer FCD Id number 8433

CODIGOS	Description/ Descripcion	New Issue/ tema nuevo	Wear & Tear/ Degaste	Lost/ perdido	Size / tamano	Quantity / cantidad
	Overalls/Batas	☐	☐	☐		
	Mask/mascarilla	☐	☐	☐		
	Filters/filtros	☐	☐	☐		
	Safety Boots/botas de seguridad	☐	☐	☐		
	Rubber Boots/botas de goma	☒	☒	☐	43	1
	Hard Hat/Casco	☐	☐	☐		
	Safety Glasses clear/gafas de seguridad claras	☐	☐	☐		
	Safety Glasses Dark/gafas de seguridad oscuros	☐	☒	☐		
	Gloves/guantes	☐	☒	☐		1
	Vest /chaleco	☐	☐	☐		
	Jacket/chaqueta	☐	☐	☐		
	Harness/ arnes	☐	☐	☐		
	Linea de vida	☐	☐	☐		
	Capotes	☐	☐	☐		
	Other	☐	☐	☐		
	Caja de Topones	☐	☐	☐		
	Auditors	☒	☐	☐		1,000

Approving Supervisor

Name K. Proos Date 9-5-16
 Signature [Signature] Position _____

Note: You are responsible for the safe keeping of this PPE equipment. PPE equipment that is lost will be replaced at your expense.

Nota: Usted es responsable de la custodia de este equipo PPE. Equipos PPE que se pierde será reemplazado en su cargo

Received By

Name RANY CABURNAY Date 5-9-16
 Signature [Signature] Position ELECTRICAL

Personal Protective Equipment Issue

PERSONAL DETAILS - PLEASE COMPLETE IN FULL

First Name ENRIQUE Surname Queiros Risco Date 4-5-16
 Occupation MECANICO
 Employer TURBINA 7658 Stracon

Description/Descripción	New Issue/tema nuevo	Wear & Tear/Degaste	Lost/perdido	Size / tamaño	Quantity / cantidad
Overalls/Batas	☐	☐	☒		
Shirts/Camisas	☐	☐	☐		
Pants/Pantalones	☐	☐	☐		
Safety Boots/botas de seguridad	☐	☐	☐		
Rubber Boots/botas de goma	☐	☐	☐		
Hard Hat/Casco	☐	☐	☐		
Safety Glasses clear/gafas de seguridad claras	☐	☐	☐		
Safety Glasses Dark/gafas de seguridad oscuros	☐	☐	☐		
Gloves/guantes	☒	☐	☐		
Vest /chaleco	☐	☐	☐		
Jacket/chaqueta	☐	☐	☐		
Other: <u>ARNES DE CUERPO ENT.</u>	☒	☐	☐		<u>01</u>
<u>LÍNEA ANCLAJE 2 VÍAS</u>	☒	☐	☐		<u>01</u>
<u>Orejeras</u>	☐	☐	☐		

Approving Supervisor

Name RAUL TREJO S. Date 4-5-16
 Signature [Signature] Position ALMACENISTA

Note: You are responsible for the safe keeping of this PPE equipment. PPE equipment that is lost will be replaced at your expense.
 Nota: Usted es responsable de la custodia de este equipo PPE. Equipos PPE que se pierda será reemplazado en su cargo

Received By

Name Enrique Queiros Risco Date 4-5-16
 Signature [Signature] Position _____

Personal Protective Equipment Issue

PERSONAL DETAILS – PLEASE COMPLETE IN FULL

First Name Li Surname Wang Date 7.5.16
 Occupation Foreman
 Employer FCI Id number 9438

CODIGOS	Description/ Descripción	New Issue/ tema nuevo	Wear & Tear/ Degaste	Lost/ perdido	Size / tamano	Quantity / cantidad
	Overalls/Batas	☐	☐	☐		
	Mask/mascarilla	☐	☐	☐		
	Filters/filtros	☐	☐	☐		
	Safety Boots/botas de seguridad	☒	☐	☐	8	1
	Rubber Boots/botas de goma	☒	☐	☐	10	1
	Hard Hat/Casco	☐	☐	☐		
	Safety Glasses clear/gafas de seguridad claras	☐	☐	☐		
	Safety Glasses Dark/gafas de seguridad oscuros	☐	☐	☐		
	Gloves/guantes	☐	☐	☐		
	Vest /chaleco	☐	☐	☐		
	Jacket/chaqueta	☐	☐	☐		
	Harness/ arnes	☐	☐	☐		
	Linea de vida	☐	☐	☐		
	Capotes	☐	☐	☐		
	Other	☐	☐	☐		
	<u>Overalls</u>	☒	☐	☐		1
		☐	☐	☐		

Approving Supervisor

Name [Signature] Date 7.5.16
 Signature _____ Position Foreman

Note: You are responsible for the safe keeping of this PPE equipment. PPE equipment that is lost will be replaced at your expense.
 Nota: Usted es responsable de la custodia de este equipo PPE. Equipos PPE que se pierde será reemplazado en su cargo

Received By

Name [Signature] Date 7.5.16
 Signature _____ Position Foreman

Personal Protective Equipment Issue

PERSONAL DETAILS – PLEASE COMPLETE IN FULL

First Name Rodolfo Surname Arauz Date 8-5-16
 Occupation Operador de planta
 Employer FCN 9714

Description/ Descripción	New Issue/ tema nuevo	Wear & Tear/ Degaste	Lost/ perdido	Size / tamano	Quantity / cantidad
Overalls/Batas	☐	☐	☐		
Shirts/Camisas	☐	☐	☐		
Pants/Pantalones	☐	☐	☐		
Safety Boots/botas de seguridad	☒	☒	☐	42	1
Rubber Boots/botas de goma	☐	☐	☐		
Hard Hat/Casco	☐	☐	☐		
Safety Glasses clear/gafas de seguridad claras	☐	☐	☐		
Safety Glasses Dark/gafas de seguridad oscuros	☐	☐	☐		
Gloves/guantes	☐	☐	☐		
Vest /chaleco	☐	☐	☐		
Jacket/chaqueta	☐	☐	☐		
Other: <u>Topper</u>	☐	☐	☐		
<u>Acustico</u>	☒	☐	☐		1
	☐	☐	☐		

Approving Supervisor

Name Edwin Aguilar Date _____
 Signature Edwin A. Aguilar Position _____

Note: You are responsible for the safe keeping of this PPE equipment. PPE equipment that is lost will be replaced at your expense.

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Received By

Name Rodolfo Arauz Date 8-5-16
 Signature _____ Position _____

Personal Protective Equipment Issue

PERSONAL DETAILS - PLEASE COMPLETE IN FULL

First Name Qui-Horvath Surname _____ Date 14-5-16
 Occupation Soldado
 Employer F.C.D 10587

Description/ Descripción	New Issue/ tema nuevo	Wear & Tear/ Degaste	Lost/ perdido	Size / tamano	Quantity / cantidad
Overalls/Batas	☐	☐	☐		
Shirts/Camisas	☐	☐	☐		
Pants/Pantalones	☐	☐	☐		
Safety Boots/botas de seguridad	☐	☐	☐		
Rubber Boots/botas de goma	☐	☐	☐		
Hard Hat/Casco	☐	☐	☐		
Safety Glasses clear/gafas de seguridad claras	☐	☐	☐		
Safety Glasses Dark/gafas de seguridad oscuros	☒	☐	☐		(1)
Gloves/guantes	☐	☐	☐		
Vest /chaleco	☐	☐	☐		
Jacket/chaqueta	☐	☐	☐		
Other: <u>Harness</u>	☒	☐	☐		(1)
<u>Orispe</u>	☐	☐	☐		(1)
	☐	☐	☐		

Approving Supervisor

Name Victor Parbata Date 14/04/16
 Signature [Signature] Position Supervisor

Note: You are responsible for the safe keeping of this PPE equipment. PPE equipment that is lost will be replaced at your expense.

Nota: Usted es responsable de la custodia de este equipo PPE. Equipos PPE que se pierde será reemplazado en su cargo

Received By

Name Qui-Horvath Date _____
 Signature _____ Position _____